

UTAH LABOR COMMISSION

WORKPLACE SAFETY (WPS) AWARDS APPLICATION

This form should be used <u>ONLY</u> to request funds for **WPS AWARDS & AWARD CONFERENCE**S

JANUARY - DECEMBER 2022

FUNDING REQUEST FOR WPS AWARDS & AWARD CONFERENCES

(Maximum grant request allowable - \$5,000)

**ATTACH A COPY OF YOUR WPS AWARD CRITERIA WITH THIS APPLICATION

Company / Agency:	
Address:	
Type of Organization: (Non-Profit, Industry Association, Small Business, Chamber etc.)	
Event Name and Location:	
Date of Event:	
Authorized Representative Name & Title:	
Phone:	Email address:
	EVENT SUMMARY
1. Provide a summa	EVENT SUMMARY Ty of event including purpose and activities:
1. Provide a summa	
 Provide a summar Expected Attenda 	ry of event including purpose and activities:

3. Identify the criteria your organization utilizes for identifying recipients of safety awards (attach a copy of your criteria to this document)		
Estimated total cost of safety awards:	Total amount of WPS Grant Funds Requested:	
Signature of Authorized Representative:	Date:	